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Bib Data Sheet

CONFIRMATION NO. 4458

SERIAL NUMBER 09/821,282	FILING DATE 03/29/2001 RULE	CLASS 340	GROUP ART UNIT 2635	ATTORNEY DOCKET NO. BS01060
APPLICANTS Michael Harper, Orlando, FL; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/08/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 17
			INDEPENDENT CLAIMS 2	
ADDRESS John S. Pratt, Esquire Kilpatrick Stockton, LLP Suite 2800 1100 Peachtree Street Atlanta, GA 30309 # 30314				
TITLE Monitoring buoy system				
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 4458

SERIAL NUMBER 09/821,282	FILING DATE 03/29/2001 RULE	CLASS 348	GROUP ART UNIT 2613	ATTORNEY DOCKET NO. BS01060	
APPLICANTS Michael Harper, Orlando, FL;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/08/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY FL	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
ADDRESS 36192					
TITLE Monitoring buoy system					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		